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SUMMARY

On the assumption that a woman's physical and mental condition at childbirth is a product of her life-long daily habits and ideas as well as any particular injunctions set up to insure well-being in pregnancy and parturition, the cultural scene was searched to ascertain all possible relevancies.

The farmers of Bang Chan lived in a tropical, rice-growing terrain, annually flooded by the monsoon run-off. Food was plentiful even if cash was not. Except for better housing and equipment, and a greater enjoyment of market novelties, the rich lived much like the poor. The work in the fields by women paralleled that by men. Sharp physical demands, especially at planting and harvest, made them muscular.

At marriage the partners were fully mature and no woman was married against her wishes. The birth of a child was welcomed as leading to higher personal, social, and economic status.

The underlying concepts which explain why the food and other injunctions, both pre-natal and post-partum, and the ritual behavior took their particular forms, are explained.

The human body, harboring multiple immaterial souls, was seen as composed of earth, fire, water, and wind. Illness was caused by intrusive disruption of these four elements, or by soul loss. Food and medicines had properties which could be used to restore balance in the elements. The traditional curers or exorcisers had magical and herbal remedies obtained ritually from a teacher. Since Buddhist phrasings, often read from old texts in weekly sermons, molded Bang Chan's conception of life, the ultimate cause of health or illness was the presence or absence of merit. This determined one's kan (karma), the balance sheet of virtuous actions which one added to, or reduced by sinning throughout successive existences over eons of time.

The Buddhist cosmic view of individuals as separate autonomous beings brought it about that help was the only dynamic relationship possible between people. The bonds established by helping people, on this earth, especially in the tasks of feeding priests, lasted on into successive incarnations. Thus, meritorious people met again and might marry again. Families had continuity over time, and babies were born into the "right"

• 75 An ill individual made a preliminary self-diagnosis to ascertain which was the pertinent specialist to consult. A quick cure occurred if the diagnosis were correct, because the specialist then had the exact curing agent and magic for that disorder. If the first mɔ̌ were unsuccessful, the patient moved on without embarrassment to another. In fact, a person might be a-curing with 2 or 3 mɔ̌ at once, and a modern doctor besides (cf. Hauck, 1958:37):

> "She goes to Mɔ̌ Suk who is good for spirits, and to Mɔ Plung at Lan Pakachet who is good for headaches and vomiting. Two years ago her child was sick with ŋan chak and was cured by Mɔ̌ Suk. First she took the child to Suk but a few days later went to Sawad at Lolae because she was afraid the child would die. Sawad gave tablets. She did not revisit either mɔ̌ because the child recovered. Mɔ̌ Suk helped most because he had experience in magic" (SS.).

[571] For reasons of convenience, however, people also developed lasting relationships with particular mɔ̌, usually the nearest, or a kinsman, to whom they turned first for medical help.

75. 816 Medicines cured either by direct rectification of deficiencies or excesses or on a principle of counter balance. Their effectiveness was increased by incantations. A rhinoceros in massive presence caused earth excess in the form of cholera (Bangkok Calendar, 1869:73), but a bit of its bone restored earth deficiency. Cobra was a direct ingredient for heat, but only sour tastes gave water element. A mɔ̌ described the medical theory behind curing techniques for the heat-rash, boils and fever sometimes suffered after childbirth:

> "If the body is hot, fire is in excess, by which the other elements are heated. Thus the blood cannot move freely, and cells are deprived of their normal blood supply. The cells die, thus creating a boil or abcess. If the fire element is higher, the water of the body is lowered to a deficiency. Drinking water alone will not restore the water level. Sour tastes must be given. If the patient is thirsty, the lung is hot."

Influences on Health

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In Bang Chan, a discussion of sickness and health merely in terms of element balance would be true but insufficient, or even superficial. After all, whether manipulated by oneself or by a professional curer, elements could only be controlled within certain limits. Far deeper questions were posed, probing the ultimate nature of health, life, and death. What determined the particular proportions of a person's 4 elements with which he had been born, and whether he had, say, a preponderance of wood from Jupiter or gold from Venus? The immediate answer of astrological confluences on the date of birth would be true, for each day had its own qualities and aspects, but it was not enough. Why had he been born on that date to that set of governing factors? In life, why did one person meet the circumstances that created illness, while another lived in glorious health? The answers to these questions must be sought in the Buddhist moral and cosmic beliefs.

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The Buddhist universe operated on a principle of immutable law. Each person received his just due, suffering for his own sins, enjoying reward for his virtue. There was no personified deity to help, forgive, or blame. Moreover, attachments were the cause of sorrow. Because existence was fraught with desires, all life was basically painful. Even flashes of happiness by their cessation caused sorrow.

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In this universe and on this earth, individuals, each a unique and independent entity, were born to live and die, over and over again, throughout eons of time. They bore no relation to each other. Separate and autonomous, each was in charge of his own destiny. All beings formed a single grand scale of existence from demons in hell, through such lowly creatures as worms and insects, upward through dogs, cats, buffaloes, and elephants to mankind, then on up to angels and gods in the last paradises before the peace of Nipphān (Nirvana).

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The insight of the Buddha showed the way to break the sorrowful eternal cycle of rebirth and reach Nipphān. The Buddha perceived that meritorious behavior caused one to progress up this ladder of existence toward freedom from incarnation. In each life merit (bun) could be accumulated by compassionate behavior: caring for priests, and being kind and generous to persons less able to care for themselves. With merit one's next life was happier and freer of restrictions. A dog had more merit than a worm, a buffalo than a dog.

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Chapter VII

ATTITUDES TOWARD MODERN MEDICINE AND MIDWIFERY

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Modern and traditional medicine appeared to Bang Chan to have much in common. Both subscribed to a belief in disruptive intrusions. In typhoid and cholera, the old scheme postulated intrusions of fire and earth. Boils involved a spirit attack or excess of fire. For these same disorders, new medicine spoke instead of virus or bacterial infection. Such concepts as nutritional deficiencies, insect transmission, and pollution, however, were alien to the old views as disease agents.

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Modern medicines paralleled the old decoctions. Antibiotics, ointments, or pain-pills were appreciated for their efficacy, but evoked no surprise, for every plant in the world was said to have some therapeutic value. Injections were similar to the sub-cutaneous magical protective needle.

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"Old" medicine did not feel threatened because people were not convinced that the modern was better. The 2 systems were viewed as different, each having its own specialties. The difference was sometimes phrased as "Old medicine cares for old ailments, modern medicine for new ones." Spirit possession and khun attack, for instance, were old ailments; poliomyelitis, gonorrhea, and maybe diphtheria, new (J.R. Hanks, 1955:185-186). It was sometimes better not to claim competence outside these customary lines. One man said he could cure gonorrhea, but the young men preferred a city doctor. Sometimes, though, one could not be sure what was a new disease.

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Another phrasing of the proper place for modern medicine was that because of varying "habit," differing social stations required differing medical techniques. "Modern medicine is only good for delicate city people or other kinds of farmers, but does not give enough strength for rice-farmers." The orchardists below Bangkok who "had the habit of eating a lot of fruit," and the teachers and traders of Bang Chan (who went to the second class practitioners, and occasionally to modern doctors) were assumed to have different physical needs than farmers. The post-partum fire was clung to as strength-making: "women are weak if no fire." The hot ashes chamber, introduced from Bangkok, was for the most part used by non-farm women.

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An old woman summed up significantly 2 attitudes saying, "In the old days people made more merit and so lived longer, but because we had no hospitals, the children died younger." The relation of good health and longevity to proper religious and moral behavior was fundamental in Bang Chan. If merit did not suffice, medical attention, traditional or modern, could not prolong life. Children, however, were tender (อ่อน) and easily prey to sickness.

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Traditional care could help them, but being delicate and tender like city people, children could also be helped by modern hospital care.

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Between the 2 systems people sensed little conflict, for each patient made a preliminary diagnosis of his symptoms and sought the type of assistance his diagnosis and convenience indicated. หมอ with some knowledge of both systems might offer their patients a choice of remedy. With the right diagnosis, magic, and medicines, a quick cure was expected. If not forth-coming, people were disappointed and moved to another specialist for his help. Modern medicine merely took its place as one more recourse.

The basic handicap of modern medicine was that it had no magical resources or holy water. "Its effectiveness is limited to the properties of the ingredients." Old medicine on the other hand had, in addition to these properties, "The strength of the หมอ's incantation plus the power of every person who learned and used that incantation, back to the time of its discovery, centuries ago." Thus where the medical schemes offered the same specialty, as in fevers, bone-setting, or obstetrics, the old appeared to offer more resources.

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Besides its deficiencies in magic and strength-making attributes, modern medical care had other drawbacks. First, it was not accessible. A trip to Bangkok for medical purposes involved far more time than a day. Minburi's Health Center was a feasible trip, even for a woman in labor (stays ranged from 6 to 24 hours). Home arrangements for tending children, feeding buffalo, and other chores were less demanding. Bang Chan's eagerness for local modern care was shown when a Bangkok physician visited Bang Chan for a few times as part of a nutrition study. He was besieged with private requests for medical advice. Secondly, modern medical care was expensive. In Bangkok, after the expense of getting there, taxis, food, and housing costs for accompanying relatives, hospital, and doctor's fees sometimes meant losing the family gold and even land. Minburi's costs were closer geared to farm income, but medicines appeared costly. "Modern drugs taste and act better, but the poor have to use the old." Third,

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743 Chan during a period of residence in Bangkok was delivered
844 at the Women's Hospital and at a later pregnancy at the
178 Mīnburī Center. With her last baby, however, she elected
[759] to be delivered at home by the local midwife as more convenient in order to assure from her bed supervision and proper care for her other children. One young woman of very high social and economic standing preferred to import a midwife from a community six kilometers down the canal, and bear her child in her own home rather than attempt getting to a hospital.

[845] Moreover, basically the Mīnburī Health Center was seen as a place for sick people, while normal childbirth was not a medical matter. To plan ahead for medical care there was to invite an abnormal delivery. The Center also suffered a poor reputation for success because difficult cases, hopelessly advanced, were the usual ones brought in. "At the Center are many ghosts," people said.

743 Some comments were genuinely favorable. The cleanli-
759 ness of the hospital was greatly appreciated. Anyone who
178 witnessed the skill of the doctor or nurse-midwife held it in respect.

• 75 Techniques of delivery were sometimes mistrusted,
844 sometimes admired. "They pull out the child with their
743 hands, which is dangerous." "The fecal pump is unneces-
178 sary." "One may not crawl during labor." A mɔ̄-midwife who witnessed the nurse-midwife at work said approvingly, "She can force a baby out, but our midwives can only press harder," and "The hospital knows when a baby will come." The stopping of the flow of birth fluids by an injection was resented as affecting strength adversely, yet the injection that "made the placenta come so fast I couldn't notice it," or "gave the mother strength when the baby was stronger than she" was liked. The pills for pain were enthusiastically received. The hospital's closed windows "protected the baby from wind element," but the journey home dangerously exposed it and the mother to cooling wind. The dietary recommendations during recovery appeared wrong: eggs, which were "too cooling," or fruit, which "gave no strength." The suggestion of a nurse that scissors be used to cut the cord was resented as uncomprehending of village living problems ("we haven't any!" and "scissors always rust") and also as unwise ("rust gives tetanus poisoning").

75 Another criticism was the lack of personal warmth and
844 pity manifested by modern physicians and nurses, unlike
178 the attentive, reassuring mɔ̄. By forbidding abdomen-pressing, they were accused of "not doing enough," even of

"not wanting to help." The mother and baby were seen as having to fend for themselves. The very confidence built up in modern medications led to a conviction that doctors maliciously withheld available, effective medicines. "She died at the Center because she needed medicine but was not given any." Personality factors sometimes were involved: one doctor was considered incompetent, fearful of complicated obstetrical cases, and brutally indifferent to a countryman's views and circumstances--("Since we have no room, why don't you charter a bus to take your parturient wife to Bangkok?"), whereas another was friendly and wise. Since doctors were part of the respected government hierarchy which enjoyed superior knowledge and status, and also of the supposedly compassionate medical tradition, they were expected to be competent, kind, and protecting. Those who failed in winning confidence undermined the status of modern medicine.

The midwives themselves thought of the Minburi Center not only as a recourse if a case were in deep trouble, but also as a personal convenience. One male midwife, who was also a headman, and carpenter-contractor, was often too busy to stay with a woman in prolonged labor. To turn her over to another midwife other than a kinsman would damage his reputation. Knowing Minburi well, he found the Center a convenient solution to his dilemma. He had respect for the nurse-mid wife's skills, which he had witnessed, and regarded the doctor as a colleague on his own level, a view probably not reciprocated. The women midwives, too, always considering themselves at bottom volunteers, when faced with pressing home chores and the "impossibility of turning a relative over to another midwife," utilized the impartial service of the nurse-midwife. One cloud impeded the female midwives from making full use of the occasion as an opportunity for observation and so instruction. They refused to identify themselves as midwives out of fear of legal sanctions. Having neither taken the course prescribed by the government for "ancient" midwives nor paid the fee, they were not licensed. Thus, they lived in dread of fines if their calling became known outside the community. They knew they were permitted to deliver babies within the family, but outside those rather hazy boundaries, they took refuge in an old view, "I am not a midwife. I only help out of pity."

All in all, the people of Bang Chan had fitted modern medicine into their broad medical scheme where it could be accepted on its merits, if not blocked off by inconvenience, high cost, and discourtesy.

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402 One is tempted to speculate about the significance of this relationship. One possibility deserves further investigation if the data were only available. If one important reason for incurring debts is to secure or to replace capital equipment, then those farmers more willing to make a capital investment, even though they incur a debt, are more likely to use the motor. Conversely, farmers unwilling or unable to contract debts for a basic improvement in their capital equipment might be the ones less likely to adopt an innovation such as the motor.

Other Factors

121 A number of other factors which conceivably might have been expected to differentiate those who tried out these innovations from those who never made an attempt to use them were investigated and proved to have no differentiating power. Factors such as age and family size, for example, were examined to see whether differential acceptance existed among younger compared with older age groups, or small as compared with large families. No such differences appeared. In the same way, the survey's rough measures of community integration and identification, certain religious beliefs and superstitions, certain personality traits, of knowledge of political figures, and willingness to perform industrial work likewise revealed no differential rates of acceptance when groups were compared.

*178 USE OF MODERN HEALTH FACILITIES
743 Improvements in agricultural production must certainly not be viewed as the only efforts worthy of attention to raise the level
• 75 of living in Bang Chan. Equally important are efforts to train the population to use modern health practices and facilities.

Hospitals have been available since the twenties in Bangkok and a clinic in Minburi since the thirties. Despite these facilities, much curing continues in the traditional way through priests or certain farmers of the locality who have learned from other practitioners to compound medicines, set bones, deliver babies and expel demons.

743 In the present survey the majority of respondents reported
[125] that they have sometimes in their lives used hospital or clinic facilities. To the question, "Have you ever been to a clinic or hospital?" 63 per cent answered affirmatively. Less than half of those who replied indicated having gone for their own treatment or hospitalization, the remainder for other reasons. The distribution of responses is given below.